

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10-SU7599	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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TOTAL IND.	2				
TOTAL DEP.	18	←	←	←	←
TOTAL CLAIMS	19	██████	██████	██████	██████

AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.			↓	↓	↓
TOTAL DEP.		←	←	←	←
TOTAL CLAIMS		██████	██████	██████	██████